

Case Number:	CM15-0185589		
Date Assigned:	09/25/2015	Date of Injury:	12/08/2006
Decision Date:	11/02/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old male who sustained an industrial injury on 12-8-06. A review of the medical records indicates he is undergoing treatment for chronic pain syndrome, lumbar facet arthropathy, knee and lower leg pain, sacroiliitis, post-laminectomy syndrome of the lumbar region, lower back pain, and muscle spasms. Medical records (7-17-15 to 8-13-15) indicate ongoing complaints of left hip and left knee pain. He reports "tingling and sometimes stabbing sensation". He rates the pain "7 out of 10" with the use of medication and "9 out of 10" without the use of medication. The physical exam (8-13-15) reveals continuous left knee pain, but with "less swelling". Tenderness is noted of the lumbar spine, lumbar paraspinal muscles, and lumbar facet At L4-S1. Pain is noted with range of motion of the lumbar spine. The treating provider states "there is no evidence of aberrant drug taking". However, the urine drug screen for 7-17-15 and 8-13-15 were positive for THC. Other diagnostic studies have included x-rays of the left knee and an MRI of the left knee. Treatment has included six weeks of physical therapy, a left knee "total revision surgery", which resulted in blood clots of the lower extremity, and medications. His medications include Norco 10-325, 1 tablet four times daily as needed, MS Contin 30mg twice daily, Transdermal compound cream for pain and inflammation, Soma 350mg, 1 tablet twice daily as needed, and Fioricet, 1 tablet twice daily as needed. The records indicate that Norflex was discontinued due to inefficacy. Soma was started on 7-17-15. The utilization review (8-25-15) indicates a request for authorization of Soma 350mg #60. This request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Soma 350mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: Soma 350mg Qty: 60.00 are not medically necessary per the MTUS Guidelines. The MTUS recommends against using Soma and state that it is not for long-term use. The MTUS states that abuse has been noted for sedative and relaxant effects of Soma. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term, which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma is not medically necessary.